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## UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

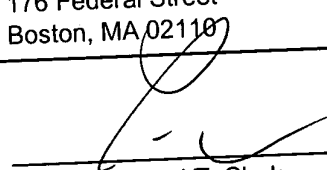
Attorney Docket Number	50172/002001
Applicant	Barbara B. Lambi
Title	NOVEL ORGANISM ASSOCIATED WITH NONGONOCOCCAL URETHRITIS
<b>PRIORITY INFORMATION:</b>	
None	
<b>APPLICATION ELEMENTS:</b>	
Cover sheet	1 page
Specification	14 pages
Claims	3 pages
Abstract	1 page
Drawing	4 sheets
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input checked="" type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Statement Deleting Inventors	0 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input checked="" type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and such small entity status is still proper and desired.	1 page

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Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
Assignee's Statement	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$345	\$345.00
Excess Claims Fee: 17 - 20 = \$9	\$0
Excess Independent Claims Fee: 5 - 3 = 2 x \$39	\$78.00
Multiple Dependent Claims Fee: \$130	\$0
Total Fees:	\$423.00
<input checked="" type="checkbox"/> Enclosed is a check for \$423.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
<b>CORRESPONDENCE ADDRESS:</b>	
Paul T. Clark Reg. No. 30,162 Clark & Elbing LLP 176 Federal Street Boston, MA 02110	
Telephone: 617-428-0200 Facsimile: 617-428-7045	
 Signature: Paul T. Clark	June 21, 2000 Date

Applicant or Patentee : Barbara B. Lambi  
 Serial or Patent No. : Not Yet Assigned  
 Filed or Issued : Herewith  
 Title : NOVEL ORGANISM ASSOCIATED WITH NONGONOCOCCAL URETHRITIS

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
 (37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled NOVEL ORGANISM ASSOCIATED WITH NONGONOCOCCAL URETHRITIS described in

- ☒ the specification filed herewith.  
☐ application serial number ["\*\*SERIAL NUMBER\*\*"], filed ["\*\*FILING DATE\*\*"].  
☐ patent number ["\*\*PATENT NUMBER\*\*"], issued ["\*\*ISSUE DATE\*\*"].

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern, or organization.  
☐ persons, concerns or organizations listed below\*.

\*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

**Full Name of Assignee:**  
**Address of Assignee:**

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

**Full Name of Inventor: Barbara B. Lambi**

Signature: Barbara B. Lambi MD Date: 6/19/00